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COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

TO THE

EDUCATION COMMITTEE

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1971

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., F.R.S.H.

*Medical Officer of Health and
Principal School Medical Officer*

HEALTH DEPARTMENT, SANKEY STREET,
WARRINGTON



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Table of Contents

MANAGEMENT COMMITTEE.....	4
STAFF	5
SCHOOL CLINICS	6
INTRODUCTORY LETTER	7
THE SERVICE:	
Medical Inspection	8
Ear, Nose and Throat Clinic	9
Audiometry	9
Enuresis Clinic	10
Treatment	10
SPEECH THERAPY CLINIC	11
WORK OF THE SCHOOL NURSES	13
CHILD GUIDANCE CLINIC:	
Report of the Consultant Children's Psychiatrist	14
HANDICAPPED PUPILS:	
Numbers of handicapped pupils	18
Provision of special education	18
Educationally sub-normal pupils	19
Children receiving home tuition	19
INFECTIOUS DISEASES AND IMMUNISATION:	
Infectious Diseases	20
Immunisation	20
ANCILLARY SERVICES:	
Nursery classes	21
Provision of milk and meals	21
Physical Education	22
THE SCHOOL DENTAL SERVICE:	
Report of the Principal School Dental Officer	23
Dental Inspection and Treatment—Statistics	25
APPENDIX (STATISTICAL TABLES):	
Part 1—Table A—Classification of General	
Condition—Periodic Medical Inspection	27
B—Pupils found to require treatment	28
C—Other Inspections	28
D—Infestation with Vermin	28
Part II—Table A—Return of Defects found: At Periodic Inspections ...	29
B—Return of Defects found: At Special Inspections	30
Part III—Treatment Tables:	
Table A—Eye Diseases, Defective Vision and Squint	31
B—Diseases and Defects of the Ear, Nose and Throat ...	31
C—Orthopædic and Postural Defects	31
D—Diseases of the Skin	32
E—Child Guidance Treatment	32
F—Speech Therapy	32
G—Other Treatment Given	32
Part IV—	
Table H—Height of pupils inspected	33
J—Weight of pupils inspected	34

MANAGEMENT COMMITTEE

(as at 31st December, 1971)

Alderman G. E. COOPER, J.P. (Chairman).

Alderman R. G. CROCKER D.F.C.

Alderman Mrs. B. M. SHAKESHAFT

Councillor B. S. ARNOLD J.P.

Councillor W. AVERY J.P.

Councillor J. HAYES.

Councillor E.J. NAYLOR J.P.

Rev. M. J. DILLON

Mrs. E. SPILSBURY

Mr. H. THOMPSON B.A.

Rev. D. F. VICKERS B.A., B.D.

Ex-Officio:

Councillor H. WHITEHEAD (Mayor) J.P.

Chief Education Officer: C. J. ROSS, B.A., M.Ed.

STAFF

(as at 31st December, 1971)

Principal School Medical Officer:

ERIC H. MOORE, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., F.R.S.H.

Deputy Principal School Medical Officer:

ANGELA M. M. MANNING, M.R.C.S., (Eng.), L.R.C.P. (Lond.) D.P.H.

Senior School Medical Officer:

MARY GRAHAM, M.B., Ch.B., D.P.H.

School Medical Officers:

MARGARET L. TAYLOR, M.B., Ch.B., (Part-time).

LESLIE HURST, M.B., Ch.B., (Part-time).

Principal School Dental Officer:

A. C. CRAWFORD, L.D.S., (L'pool), L.D.S., R.C.S. (Eng).

Senior School Dental Officer:

Mrs. P. E. LAWTON, L.D.S., V.U. (Manc.).

School Dental Officers:

C. H. TAYLOR, B.D.S. (L'pool), (Part-time).

J. E. BROWN, B.D.S., (L'pool), (Part-time commenced March 1971).

Orthodontist:

Miss JUNE PATRICIA MURRAY, B.D.S. (L'pool), D.D.O., R.F.P.S. (Glas),
(Part-time).

Medical Anaesthetist

MARY PATRICIA CHADWICK, L., L.M., R.C.P., (Irel)., L., L.M., R.C.S., (Irel),
(Part-time)

Dental Auxiliary:

Miss CHRISTINE SMITH

Educational Psychologist:

Mrs. E. J. LONG, B.A., A.B. Ps.S.,

Speech Therapist:

Miss LINDA BURN, L.C.S.T., I.P.A.,

Chief Nursing Officer:

Mrs. C.M. GRIERSON, S.R.N., S.C.M., H.V. (Cert). Q.N. (Appointed 1.2.71).

Ear, Nose and Throat Clinic:

P.O'BRIEN, M.D.

Administrative Assistant:

J. BIBBY.

Visiting Consultants:

Ophthalmic:

ABDUR R. ALVI, M.B., B.S.

Children's Psychiatrist.

JOSEPH NEVILLE M.B., M.R.C.P., M.R.C.Psych., D.P.M., D.C.H.,

SCHOOL CLINICS

A. PROVIDED BY LOCAL EDUCATION AUTHORITY INSPECTION CLINIC

Mon., Wed.,
9.0 a.m. to 9.45 a.m.

Examination of cases referred by Teachers,
Education Welfare Officers, School
Nurses, etc.

MINOR AILMENTS CLINIC

Garven Place Clinic

Monday to Friday
9.0 a.m. to 9.45 a.m.

Treatment of contagious diseases of the skin,
eyes, etc.

Mon., Tues., Thurs., Fri.

4.0 p.m. to 5.15 p.m.

Vaccination and immunisation.

Orford Health Centre

Monday and Wednesday 9.0 a.m. to 9.30 a.m.

DENTAL CLINIC

Monday to Friday
Daily 9.15 a.m. to
10 a.m.

Dental treatment (by appointment).
Emergency treatment.

CHILD GUIDANCE CENTRE

Children's Psychiatrist (by appointment).

Educational Psychologist (daily by appointment).

CHIROPODY SERVICE

Cases seen by appointment.

B. PROVIDED BY REGIONAL HOSPITAL BOARD

PAEDIATRIC CLINIC (Warrington General Hospital)

New cases: Wednesday p.m. (by appointment).

Re-visits: Monday a.m., Tuesday a.m. (by appointment).

EAR, NOSE AND THROAT CLINIC.

E.N.T. ADVISER.

2 sessions monthly (by appointment)

ORTHOPAEDIC CLINIC (Warrington General Hospital)

Examinations—Every fourth Tuesday, 2.00 p.m.

Treatment:

Friday Treatment of postural and crippling defects, etc.
9.30 a.m. to 11. a.m.

OPHTHALMIC CLINIC (Warrington General Hospital)

Friday, 9.30 a.m.
(by appointment)

Examination and treatment of errors of
refraction and squint.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

It is my sad duty to present to you the Annual Report on the work of the School Health Service during 1971, owing to the untimely death of Dr. Moore in 1972. He is greatly missed by his staff. Even though he was absent from duty for a large part of the year because of his illness Dr. Moore continued to give advice and encouragement, and he did, in fact, supervise the running of the service from the sidelines.

In spite of a reduced medical staff the whole of the annual programme of school medical inspections was completed, and 37 handicapped children were ascertained. In January the Child Guidance Clinic re-opened after nearly 2 years and Dr. Neville's report indicates that this service has been greatly used and appreciated. In April the Junior Training Centre was transferred from the Health Department to the Education Department and was re-named Loushers Lane School. The children attending this school are now formally included in the services provided by the School Health Service.

Finally, I should like to thank all the staff and in particular the medical staff who have undertaken extra work and given unstinting help during this difficult year. My thanks also to the Chief Education Officer, his staff and Teachers, and to the Chairman and Members of the Committee for their continued support and encouragement.

I have the honour to be

Your obedient Servant,

ANGELA M. M. MANNING
Deputy Principal School Medical Officer.

THE SERVICE

The service continued to operate on the same lines as in the previous year and selective medical inspection has continued to prove satisfactory. The service aims primarily at the ascertainment of handicaps and recommending appropriate educational treatment most suited to the child. The attachment of a school medical officer to specified schools with periodic informal visiting has continued.

The co-operation between all branches of the National Health Service has remained excellent and I am very grateful for the ready co-operation received from general practitioners and hospital staff.

MEDICAL INSPECTION

The system of inspecting routinely only entrants and leavers was continued, the gap between being covered by the visits of the school medical officers to the schools to which they are attached, and a selective examination of children in their last year in primary school.

The statistics of medical inspection are contained in Table 'A' and 'B' of Parts I and II of the Appendix.

Special medical examinations were carried out at the request of teachers, school nurses, parents and other bodies when children were suspected of needing medical or other educational treatment. Special examinations were also carried out on 248 children to ascertain their fitness for employment and all were found to be fit.

EAR, NOSE AND THROAT CLINIC

This Clinic continued under the charge of Dr. O'Brien, a visiting General Practitioner, with special experience in Ear, Nose and Throat conditions. To this clinic are referred cases which have shown two failures on audiometric testing.

AUDIOMETRY

Routine audiometric examinations are carried out on all school entrants, and on all children suspected of defective hearing. Preliminary testing is carried out in schools, but failures are re-tested at the clinic, double failures being referred to the Ear, Nose and Throat Consultant at his Special Clinic, and in special cases, to the Department for the Deaf of the University of Manchester.

A nurse who has received special training is employed part-time on this work. The table below gives details of tests carried out, and the disposal of the cases where a double failure was recorded.

Audiometric Tests

Primary Tests	
Number of schools visited	57
Number of group tests	174
Number of children tested	3319
Number of Primary failures	592
Secondary Tests	
Number of group tests	82
Number of children tested	420
Number of double failures	215
Disposal of Cases	
Nothing abnormal found after treatment	7
Receiving treatment	26
Referred for operative treatment	96
Treatment not beneficial	—
Still receiving treatment (from previous years) or investigation	14
Treatment refused	—
Discharged for non-attendance	6

ENURESIS CLINIC

Referrals to the clinic are made by School Medical Officers, School Nurses and General Practitioners. Each patient is examined by the Medical Officer responsible for the Clinic and suitable cases are issued with a bell-alarm and two sets of foils, together with instructions for their use.

Each case is kept under observation during the period of treatment. The success of the treatment depends on the co-operation of the patient and of the parents.

44 new cases were treated during 1971, and of these, treatment in 22 was regarded as successful.

Unfortunately it has not been possible to hold these clinics regularly. Follow up has been rather erratic and there have been many patients who failed to keep appointments. This may account for the rather low success rate of 50%

TREATMENT

A minor ailments clinic is held each morning to which teachers may refer children. Cases may also be sent by parents and general practitioners. The types of defects referred are usually in need of nursing attention. 841 children attended the clinic in 1971.

The arrangements for the treatment of visual defects continued through the hospital service as in previous years, except when parents wish otherwise. The statistics will be found in Table 'A', Part III of the Appendix.

A special clinic is held to which Ear, Nose and Throat cases are referred for Consultant advice. During the year 235 attendances were made which included 100 new cases. Many children are also referred by general practitioners to the hospital service for E.N.T. treatment.

Orthopaedic problems are referred to the hospital service.

General medical problems are referred to the Paediatric Out-Patient Clinic, and considerable assistance is received from the reports of the Consultant Paediatrician.

SPEECH THERAPY CLINIC

REPORT OF THE SPEECH THERAPIST.

During the past year an attempt has been made to complete visits to Junior and Infant Schools. It has not yet been possible to visit every school, but the remaining small number will be attended within the next few months. Again the main problem has been the number of children who need therapy. It is felt more important to treat those known to be in need, than to press on and finish the school visiting programme as a priority.

Of course, there is no reason why Head Teachers of the remaining unvisited schools should not refer children they are anxious about. This has happened on a number of occasions.

In addition to the children referred by Head Teachers, many continue to be referred by the Health Visitors, School Medical Officers, the Educational Psychologist, and General Practitioners. I am also being asked to assess the speech and language difficulties of pre-school children. Though the heavy case load does not permit treatment of these, I am able to give advice to parents as to how they may best help their children. Some parents are of course over anxious and merely need reassurance. In the majority of the pre-school cases however, eventual therapy is necessary. Early parent counselling is of great value.

As is the case in most School Health Clinics, a large number of children show delayed articulatory development. Within this group there are the six and seven year olds with almost unintelligible speech. These make up a large number of the caseload, and the turnover is slow with such children. The often less severe articulatory disorders of the eight to twelve year olds also merit individual attention, as this is the range when relatively minor misarticulations can be a major problem and embarrassment to the child. Turnover is usually rapid here.

Other cases seen include delayed language and delayed speech and language development. Emotional and environmental problems are large factors here. Some have defective hearing, whilst some have physical abnormalities such as irregular dentition or cleft of the palate. A number of children are of low intelligence. Both primary and secondary stammerers are also treated individually and in small groups.

A weekly visit is paid to Loushers Lane School, and to Green Lane School. These visits are proving worthwhile.

During the school term, attendances are good, and parents most co-operative. During the summer holidays the opportunity is taken to visit certain children at home for special observation.

A number of new items of equipment have been added throughout the year, and eagerly awaited is the arrival of the Reynell Language Development Scales.

Second and third year students of speech therapy from the Elizabeth Gaskell College of Education in Manchester visit the Clinic and treat suitable cases under supervision.

1971 has been a very satisfactory year in the Speech Therapy Department. A great deal of help continues to be given by all other sections and departments.

No. of new patients seen	113
No. of new patients accepted for regular treatment	56
No. of new patients placed under observation	20
No. of new patients placed on waiting list	12
No. of new patients not requiring treatment	16
No. of new patients who refused treatment	9
No. of patients discharged:—	
Treatment completed	18
Observation no longer required	11
Non attenders	7
Left District	1
No. of cases receiving regular treatment	53
Total number of attendances	1464

L.E. BURN, L.C.S.T., 1P.A.

THE WORK OF THE SCHOOL NURSES

School nurses are allocated certain schools for which they are responsible to a School Medical Officer, each School Medical Officer thus being able to give special attention to a group of schools and also being able to consider the cases referred by the School Nurses of the particular group of schools. By this arrangement a closer degree of co-operation between the Head Teacher, School Medical Officer and School Nurse is possible which is greatly to the benefit of pupils.

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and of any other children whom the teacher may wish to bring to the notice of the medical officer. The school nurses carry out routine vision testing on all school children in alternate years. The testing is done by classes in schools. School nurses also give lectures on selected subjects of Health Education at the request of Head Teachers.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In the cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 69 cases. No Cleansing Orders were issued for the Compulsory Cleansing of a child at the cleansing station. No prosecutions were necessary in the year under review.

Some brief details of the work carried out by the school nurses are given below:—

	1970	1971
Visits to homes of children (in many cases assisting with treatment)	240	295
Attendance at medical inspections in schools	266	231
Visits to schools for cleanliness inspections and re-inspections	280	405
Number of cases of uncleanness treated at the school clinic	179	128
Number of attendances of uncleanness cases at the school clinic	419	391

CHILD GUIDANCE CLINIC

REPORT OF THE CONSULTANT CHILDREN'S PSYCHIATRIST:

I have pleasure in reporting to you on the work of the Warrington Child Guidance Service during the period January 1st to December 31st, 1971. In January, 1971, after a lapse of twenty-one months, during which the Child Guidance Service functioned without the services of a Consultant Psychiatrist, I was seconded by the Liverpool Regional Hospital Board, and since then I have been able to contribute two clinical sessions each week. It was manifest, when I took up my duties, that prior to my arrival a very heavy work load had been sustained by Mrs. E. J. Long, Educational Psychologist.

Eighty-two new cases were referred to me from various agencies; the sources of referral are analysed later in my report. No less than seventy-two new cases duly attended. This figure represents an extra-ordinarily low level of default, and it would seem that the high rate of attendance reflects such things as skilful and appropriate referral by the referring agency, parental concern which extends to co-operating with the Child Guidance Service, and—not least—Warrington's own tradition for possessing such a service over many years. Many new patients seen by myself had initially been brought to the attention of the Educational Psychologist, and in these cases, I feel that Mrs. Long played a fundamental role in securing parental approval and co-operation, in the matter of a psychiatric consultation. Thirty-one girls and forty-six boys were new attenders at my clinic during the year, and there was the usual fairly wide range in ages between three and sixteen years. It was encouraging to note that three children were presented below the age of five; one hopes that early diagnosis and help in the case of a pre-school child may obviate much emotional suffering in later childhood and adult life. There were fourteen children between the ages of five and seven years, thirteen between eight and eleven years, and no fewer than twenty-five in the early pubescent age range of eleven to thirteen years. Finally, seventeen young people were fourteen or older when they first attended the clinic. In addition, to these new patients I re-opened the clinical care of five children who had originally been seen by one or other of my predecessors. The clinic attempted to make contact with a further seven cases, whose problems were thought to be continuing, but these children failed to attend and no reply was obtained when further enquiries were made. Eighty-five consultant clinics were held during the year. One hundred and fifty reattendances were made by 'old' patients, following an initial diagnostic session.

The clinical range of problems presented was not in itself unusual. A high proportion of children presented with maturational, personality and behavioural problems, some recent and acute, but chronic and habitual in most cases. Many children had problems associated either with unsatisfactory school attendances or inadequate educational attainment, or a mixture of both; in this connection it is worthy of note that, of the seventy-seven new or re-opened cases who attended, no fewer than six children were already attending Special Day Schools on account of various personal handicaps. The majority of new cases was composed of children rendered vulnerable by reason of unpropitious intellectual, cultural and social-economic circumstances. When dealing with such children, the work of the clinic inevitably over-laps with the field of activity of the Social Services Department, and it is hoped that the Clinic and the Social Services

Department have liaised in a friendly and effective fashion, and that such co-operation will continue in the future. No Child Guidance Service can function effectively as a monolithic or self-sufficient unit. Our Child Guidance Service forms a link between many specialised welfare services, and I would like to thank the School Health Service for its friendly and helpful co-operation.

Examination of referring agencies reveals that twenty-three cases were referred by family doctors, and eighteen by Medical Officers of the School Health Service. The breakdown is as follows:—

(1)	Family Doctors	-	No of cases referred	23
(2)	School Health Service		"	18
(3)	Educational Psychologist		"	14
(4)	Psychiatrists		"	6
(5)	Paediatrician		"	5
(6)	Head Teachers		"	3
(7)	Social Services		"	2
(8)	Solicitors		"	1
				<hr/>
Total				72
				<hr/>

I hope that in further reports I may find myself in a position to list children as having been referred directly either by their parents or the children themselves. As a clinic we do not wish to be exclusive and to make referral a difficult practice, and experience during 1971 lent no weight to any past suggestion that referrals were made to the Clinic in any sort of inappropriate fashion. The waiting time for clinic cases to be seen was, as a matter of deliberate policy, kept to the absolute minimum of four to six weeks although this could only be achieved by concentrating upon the task of diagnostic assessment of new cases at the expense of those children and parents primarily in need of psychotherapy or intensive counselling and casework. Twenty-one new patients received a comprehensive psychological appraisal by Mrs. Long, who also has played an invaluable part in maintaining close liaison with schools and all manner of special agencies. Ideally, all patients should receive a psychological assessment but reduced to simple terms, one worker, however devoted, cannot do the work of two or three Educational Psychologists. One particular invidious problem is encountered in the case of girls and boys referred to this Clinic but living outside the town of Warrington. Not only must our own Educational Psychologist necessarily confine the main bulk of her work-load to children being educated in Warrington Schools, but also it has to be admitted that there are insufficient men or women hours available routinely to appraise non-Warrington children. The gap is at times filled by psychological studies being made by members of the Lancashire and Cheshire Educational Psychological Services, but this involves administrative, personal and time-wasting problems all of which militate against the best interest of the children concerned.

It must be admitted that as a Clinic we are in fact professionally thin on the ground. Two consultant psychiatric sessions a week represents a bare minimum. We need the additional services of a second full time or part-time Educational Psychologist if all our children are to be adequately studied and provided with treatment. We also need the services of a Social worker, either psychiatrically or generically trained, and at the moment it is perhaps the lack of clinical

social work which one feels most acutely. I earnestly hope that in the very near future, the Clinic will have a social worker added to its establishment, in order to facilitate the diagnostic and therapeutic work of the Clinic, and to improve our lines of communication with the many special agencies upon whom much of our work depends.

The need for co-operation with other specialist agencies is perhaps most convincingly demonstrated when I refer to the fact that thirteen new cases were eventually admitted for intensive study and help to the boarding Unit at Alder Hey Children's Hospital, four children were referred to the Adolescent Psychiatric Unit at Mostyn Hospital, and two children were admitted for stabilisation and assessment to Wimbrick Hey Observation and Assessment Centre through the enthusiastic co-operation and practical help of the Social Services Department. One child, following the clinic's recommendation, was admitted to a Residential School for Emotionally Maladjusted Pupils in the locality. All such placements fundamentally demand intensive study and long-continued case work by a social worker who must necessarily be one of the key members of the Child Guidance Team.

From the Clinic's experience during 1971, it became increasingly evident that there was a genuine and probably ever increasing need for the provision of local Day Special School amenities for emotionally maladjusted boys and girls, as distinct from providing children with special boarding school places. In particular it is felt that many children encountering otherwise intractable problems of adjusting to conventional situations could be effectively helped through the simple measure of providing them with day time therapeutic schooling, and it is to be hoped that in the future we will witness a development of precisely such a facility.

In conclusion, in addition to thanking Mrs. Long for the sterling quality of her services to the Clinic, I would like to thank the many members of the School Health Services and the Social Services Department, who have gone out of their way to co-operate in the work of providing help for children in distress. My own duties have been facilitated by the friendly and tolerant attitude of Mrs. Redfern and Mrs. Broomfield who have in succession given me invaluable help in their capacity as Clinic Secretary.

Joseph Neville M.B., M.R.C.P., M.R.C.Psych., D.P.M., D.C.H.

SCHOOL PSYCHOLOGICAL SERVICE

REPORT OF THE EDUCATIONAL PSYCHOLOGIST:

The year began with the most welcome appointment of Dr. Neville, Consultant Children's Psychiatrist to the Child Guidance Clinic for two sessions a week. It is hoped that he has enjoyed his first year at the Clinic as much as the School Medical Officers and myself have appreciated his understanding, skilful advice and delightful reports.

With the appointment of Dr. Neville the Educational Psychologist has been able to be more concerned with a broader field of educational problems and closer contact has been maintained with schools. The reading survey of Junior school children was conducted again and remedial teaching staff were appointed in September and January. They work in Junior Schools and also with a limited number of Secondary School children on an individual basis in the clinic. It has been found that a Secondary School child who has a severe reading disability often needs individual remedial teaching initially until confidence is gained. In all approximately 150 children have been given regular remedial tuition. At the same time a class for adult illiterates has been formed and has met with a good response. It is expected that the remedial service will continue to develop during the next year both at Secondary and Junior levels.

In addition to the figures given below, 32 children were given full psychological investigations before being recommended for special education. This type of investigation often takes place as an on-going assessment with testing and observation at regular intervals from the age of 5-8 years. It is thereby hoped that no child will be misplaced and that Head Teachers and parents both agree that the placement is correct. During this year it has also been possible to transfer children between the Special Schools and between the Secondary Schools and Special Schools.

The responsibility for severely retarded children was transferred on 1st April 1971 from the Health Department to the Education Department and therefore the Educational Psychologist became more closely involved. With the help and co-operation of Mrs. Smith and her staff it has been possible for a large number of children and parents to be seen and advice given where necessary.

It remains for me to thank the School Medical Officers and the School Health Department, the Head Teachers and staff of the Warrington schools and Social Services Department, for their continued and invaluable help in the work of the Service. As each year passes, I am made increasingly aware of how necessary it is for the service to work closely with all other departments if success of lasting value is to be attained.

New cases referred from School Medical Officers.	19
" " " " Head Teachers.	63
" " " " other sources	31
Return visits of old cases	323
Number of visits paid to schools	109
" " Home visits	86

E.J.LONG, B.A., A.B.Ps.S.,

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1971, together with the numbers ascertained during the year.

Classification	No. ascertained during year	Total on register at 31.12.71
Partially-sighted	—	4
Deaf	1	7
Partially-hearing	1	8
Physically-handicapped ...	1	14
Delicate	1	11
Maladjusted	2	4
Educationally-sub-normal	30	213
Epileptic	1	1
TOTALS	37	262

PROVISION OF SPECIAL EDUCATION

The table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending Special School as		Receiving Education under arrangements made under Section 56 of Education Act 1944		Total
	Day Pupils	Boarders	In Hospital	At Home	
Partially-sighted	—	4	—	—	4
Deaf	2	4	—	—	6
Partially-hearing	2	5	—	—	7
Physically-handicapped ..	4	5	—	4	13
Delicate	—	6	—	4	10
Maladjusted	—	1	—	2	3
Educationally-sub-normal	205	5	—	—	210
Epileptic	—	1	—	—	1
TOTALS	213	31	—	10	254

The following handicapped pupils requiring special educational provision are still unplaced:—

Deaf	1
Partially hearing	1
Physically handicapped	1
Maladjusted	1
E.S.N.	3
Delicate	1

EDUCATIONALLY SUB-NORMAL PUPILS

There are 213 pupils ascertained as educationally sub-normal of whom 5 are in special residential schools, and 205 in the special day schools. The remainder are awaiting special educational treatment.

In addition a number of children have been ascertained in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year 30 children were tested, with the following results:—

Suitable for special (day) schools	28
Suitable for special (residential) schools	—
Special education in ordinary school	1
No action taken—to be retested later	1
Total	<u>30</u>

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1971 there were 10 handicapped pupils on the home teacher's register. Of these, 4 were physically handicapped, 4 delicate, and 2 maladjusted.

INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

The notifiable diseases occurring among schoolchildren and notified to the Medical Officer of Health were as follows:—

	1970	1971
Tuberculosis (respiratory)	—	—
Tuberculosis (non-respiratory)	—	—
Scarlet Fever	10	3
Whooping Cough	4	—
Measles	245	34
Pneumonia	—	—
Meningococcal Infection	—	1
Food Poisoning	2	—
Jaundice	19	—
Totals	<u>280</u>	<u>38</u>

IMMUNISATION

Special efforts are made to secure complete immunisation of schoolchildren at the time of the entrant examinations and the necessary 'booster' injections are given in school as required.

Diphtheria: The number of children immunised during the year at school and at the clinic was as follows:—

Primary Courses	159
Secondary (Reinforcement)	1217
Total	<u>1376</u>

Poliomyelitis: The number of schoolchildren immunised during the year was as follows:—

Oral Vaccine:

Completed Course (1st, 2nd, 3rd)	162
Booster	1221

A total of 1707 doses of oral vaccine were thus given to schoolchildren during the year.

Measles: Immunisation against measles was continued during the year. The number of schoolchildren who received this immunisation was 38.

Rubella1414

B.C.G.: Vaccination is available to all children in the 13 year old group.

No. of Mantoux Tests performed	910
No. of Mantoux Tests negative	851
No. of B.C.G. vaccinations performed in school	851
Acceptance Rate	84.87%

ANCILLARY SERVICES

NURSERY CLASSES

Children attending the nursery classes at the infants' schools are examined every year. Details of the examinations will be found under the heading "Periodic Medical Inspections," in Part I, Table 'A', in the Appendix. 413 children were examined during the year.

These children are also examined by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

PROVISION OF MILK AND MEALS

MILK

With the introduction of The Provision of Milk and Meals (Amendment No. 2) Regulations 1971 which came into effect from 1st September, 1971, the supply of milk in schools was restricted to pupils in special schools, pupils in primary schools until the end of the summer term following the date on which they attained the age of seven, and other pupils in primary schools in respect of whom a school medical officer certified that their health required that milk should be provided in school. By the end of the year, a number of children had been recommended and were receiving milk on medical grounds.

MEALS

The Education Committee had twenty-two school kitchens open throughout the year. Mid-day meals were served in all the schools, and supplied to the Junior Training Centre during the first three months of the year, before it became a special school under the control of the Education Committee.

The charge per meal, except for children attending special schools, is fixed by the Department of Education and Science, and continued at 1/9d. per meal (9p. per meal on decimalisation) to the end of the Spring Term. From the beginning of the Summer Term, the price was increased to 12p. per meal.

The Department of Education and Science also laid down that if parents wished to provide their children with sandwiches instead of paying the increased charge, authorities and schools, within the resources available, should make suitable provision for these children. On a day in October there were approximately 1,000 children bringing a packed meal.

The charge per meal for children attending special schools was increased from 6d. per meal (2½p. from 15/2/71) to 5p. per meal from 1st April. Free meals were supplied to the children of parents whose income was within the national scale.

The following table shows the average number of meals supplied per day during the year 1971:—

Average No. of pupils on Roll	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
13,431	1,289	5,149	6,438	47.26%

PHYSICAL EDUCATION

Good progress has been made in all aspects of Physical Education throughout the year. The gradual increase in facilities together with the satisfactory supply of equipment has assisted the work in all schools. An improved system of maintenance of both large and small apparatus has been most successful, enabling inspection and repairs to be undertaken efficiently and with minimum loss of time.

The Warrington Teachers' Sports Association has provided its very full programme of inter-school and inter-town competitions in the major games, swimming and athletics.

The Authority's Swimming Scheme for Primary and Secondary Schools has again proved its value both in the number of pupils who learned to swim and in successes in the Royal Life Saving Society's examinations.

The programme of day and evening classes at the Borough Gymnasium has attracted most satisfactory numbers of people of all ages and every effort has been made to meet the needs for recreational activities for those in sedentary occupations. Other evening centres providing a wide variety of activities have been well attended.

PRINCIPAL SCHOOL DENTAL OFFICERS REPORT FOR 1971

I am happy to report that we have had few staff changes during 1971 and these have been on the credit side. Mrs. Lawton has remained as a full time senior dental officer, Mr. Taylor has continued his part-time duties and we have been joined by Mr. Brown as a part-time officer. Miss Murray continued to attend to the growing demand for Orthodontic treatment in Warrington and Dr. Chadwick increased her sessions as a medical anaesthetist. Miss Smith has remained our Dental Auxiliary, responsible for her clinical duties and the important field of Dental Health Education.

Warrington remains an area where the great majority of children require dental treatment. When we take the number of children inspected in school, plus those inspected at the clinic during the year, we find that 78%, nearly four out of five, need dental attention. This is compared to a national average of 56%. Many, of all ages, have broken down and abscessed teeth which can be harmful to their general health, and when front teeth are involved their appearance suffers.

The School Dental Service in Warrington inspects as many children in school as can be treated by the staff available. The amount of work resulting from an inspection depends on the number of children needing treatment and on the number who consent to have their treatment from our service; both these numbers are high in Warrington. Thus in 1971 only 22% of the school-child population was inspected in school, a slight increase over the 1970 figure. This means that less than half of the children have been dentally inspected in school during the last two years and if this trend continues it will be approximately four years between the visits of a school dental officer to a particular school. These visits, to have a maximum value, should be carried out at least once a year to keep a regular check on childrens teeth. Parents should realise therefore that they must take the initiative in seeking regular treatment for their children either from the General Dental Service or the Local Authority Service if they want their children to have adequate dental care.

So we are faced with the problem of untreated dental disease and in my view, and in the view of the great majority of the Dental profession, the only safe, effective and inexpensive way of reducing it substantially in children is by the fluoridation of our water supply. Children living in areas which have adopted fluoridation already reap the benefits of this, while in Warrington, despite the approval of the Town Council, children are still denied the advantages of better quality teeth and less dental decay which will certainly follow if this measure is introduced.

In the field of Dental Health Education our Auxiliary has visited the Infant Schools talking to the children and giving out Dental Hygiene kits to new entrants. We had a week long campaign in September by "Pierre the Clown". He visited all the Infant and Junior schools giving the children an amusing but instructive talk on the care of their teeth, with emphasis on correct diet, tooth cleaning and regular visits to the dentist. This was followed by a competition in which prizes were awarded for the best scrapbooks made by the children on dental topics. This, I think, was a very hectic, enjoyable but instructive week, which I hope may be repeated in future years.

The number of treatment sessions worked by the Dental Officers and

Auxiliary increased by 8% over the 1970 figure. Because of this and helped by an increase in the actual work done in the Department the number of fillings inserted was 28% up on the previous year, while the number of teeth extracted was only marginally higher.

As there is such a shortage of School Dental Officers, it is important that appointments for children which cannot be kept should be cancelled in good time by their parents or school, thus allowing us to fill the vacancy with another patient. This is not a major problem in Warrington, but every appointment not kept is time wasted for the dental officer particularly in those cases where several children in one family have consecutive appointments, covering perhaps an hour of his time.

I would like to thank Mr. Finch, the Consultant Dental Surgeon, for his continued help with the complicated cases we send to him; some of these need advanced oral surgery techniques. I am also pleased to acknowledge the help of the Authority's Medical Officers and especially my thanks to Dr. Moore and my own staff who have contributed so greatly to the running of this Service.

A.C. Crawford, L.D.S., R.C.S.,

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1971

INSPECTIONS

- (a) First inspection—school
 - (b) First inspection—clinic
 - (c) Re-inspection—school or clinic
- Totals

	Number of pupils	
Inspected	Requiring treatment	Offered treatment
2771	3438	3251
1595		
202	168	168
4568	3606	3419

VISITS (for treatment only)

- First visit in the calendar year
- Subsequent visits
- Total visits

Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
1644	1126	205	2975
2200	2473	527	5200
3844	3599	732	8175

COURSES OF TREATMENT

- Additional courses commenced
- Total courses commenced
- Courses completed

76	64	14	154
1720	1190	219	3129
			2618

TREATMENT

- Fillings in permanent teeth
- Fillings in deciduous teeth

1942	2900	679	5521
1292	23		1315

- Permanent teeth filled
- Deciduous teeth filled

1643	2573	679	4825
1196	22		1218

- Permanent teeth extracted
- Deciduous teeth extracted

198	679	185	1062
2496	606		3102

Number of general anaesthetics

965	440	47	1452
-----	-----	----	------

Number of emergencies

678	309	64	1051
-----	-----	----	------

Number of pupils X-rayed	101
Prophylaxis	747
Teeth otherwise conserved	329
Teeth root filled	8
Inlays	4
Crowns	5

ORTHODONTICS

New cases commenced during the year	63	} Include cases treated by appliance only
Cases completed during the year	43	
Cases discontinued during the year	16	
Number of removable appliances fitted	67	
Number of fixed appliances fitted	7	
Number of pupils referred to Hospital Consultants.	6	

DENTURES

Number of pupils fitted with dentures for the first time:-

- (a) with full denture
- (b) with other dentures

Ages 5 - 9	Ages 10 - 14	Ages 15 & over	Total
—	—	2	2
3	11	4	18

Total	3	11	6	20
-------	---	----	---	----

Number of dentures supplied (first or subsequent time)

3	14	9	26
---	----	---	----

ANAESTHETICS

Number of general anaesthetics administered by Dental Officers	895
--	-----

SESSIONS

		Adminis- trative sessions	Number of clinical sessions worked in the year				Total sessions	
			School Service			M & C.W. Service		
			Inspection at School	Treat- ment	Dental Health Education	Treat- ment		Dental Health Education
Dental Officers (incl. P.S.D.O.)		40	25	941	11	43		1060
Dental Auxiliaries				430	29			459
Dental Hygienists								
Total		40	25	1371	40	43		1519

APPENDIX

Medical Inspection Returns

Year ended 31st December, 1971

PART I – Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A – PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a *medical examination
1	2	Satisfactory No. 3	Unsatisfactory No. 4	5
1967 and later	192	192	1	959
1966	676	675		
1965	705	705		
1964	46	46		
1963	3	3		
1962				
1961				
1960			1	959
1959				
1958	1	1		
1957	454	454		
1956 and earlier	527	527		
TOTALS	2604	2603	1	959

Col. (3) total as a percentage of Col. (2) total99.96%

Col. (4) total as a percentage of Col. (2) total0.04%

*In column (5) is the number of pupils who have been “interviewed” or “discussed” at case conferences and found not to warrant a medical examination, selective medical examinations being carried out.

TABLE B – PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

NOTES: Pupils found at Periodic Inspections to require treatment for a defect are not excluded from Table B by reason of the fact that they were already under treatment for that defect.

Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1967 and later	2	24	24
1966	1	45	41
1965	1	64	63
1964	1	4	3
1963		3	3
1962			
1961			
1960			
1959			
1958			
1957	44	22	66
1956 and earlier	42	26	68
TOTALS	91	188	268

TABLE C – OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections.....	376
Number of Re-inspections	463
Total	<u>839</u>

TABLE D – INFESTATION WITH VERMIN

NOTES: All cases of infestation, however slight, are included.
The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 26.467

- (b) Total number of individual pupils found to be infested 1574
- (c) Number of individual pupils in respect of whom
cleansing notices were issued (Section 54(2),
Education Act, 1944) 69

PART II — Defects found by Medical Inspection during the year.

TABLE A — PERIODIC INSPECTIONS

NOTE: All defects, including defects of pupils at Nursery and Special Schools noted at periodic medical inspections and included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Totals	
		(T) 3	(O) 4	(T) 5	(O) 6	(T) 7	(O) 8	(T) 9	(O) 10
1	2								
4	Skin	4	7	7	—	9	3	20	10
5	Eyes (a) Vision ...	2	2	82	7	7	3	91	12
	(b) Squint ...	8	11	—	—	8	5	16	16
	(c) Other ...	—	—	—	—	1	—	1	—
6	Ears (a) Hearing...	11	9	10	4	1	3	22	16
	(b) Otitis Media	10	10	1	—	2	1	13	11
	(c) Other	2	1	1	—	3	1	6	2
7	Nose and Throat ...	16	20	4	—	9	9	29	29
8	Speech	18	16	—	—	—	7	18	23
9	Lymphatic Glands	1	1	1	—	—	—	2	1
10	Heart	3	29	1	5	5	12	9	46
11	Lungs	1	21	1	1	1	12	3	34
12	Developmental:								
	(a) Hernia ...	4	1	—	—	1	1	5	2
	(b) Other ...	2	30	1	—	1	20	4	50
13	Orthopædic:								
	(a) Posture...	—	4	—	—	—	2	—	6
	(b) Feet ...	3	10	—	1	—	9	3	20
	(c) Other ...	7	16	3	1	4	10	14	27
14	Nervous System:								
	(a) Epilepsy	—	6	—	1	2	1	2	8
	(b) Other ...	1	3	—	1	—	4	1	8
15	Psychological:								
	(a) Development	2	3	1	—	—	—	3	3
	(b) Stability	6	45	4	—	—	2	10	47
16	Abdomen ...	—	—	—	—	—	—	—	—
17	Other	8	7	4	8	1	4	13	19

TABLE B — SPECIAL INSPECTIONS

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	373	3
5	Eyes (a) Vision	138	42
	(b) Squint	—	1
	(c) Other	—	—
6	Ears (a) Hearing	4	3
	(b) Otitis Media	—	—
	(c) Other	2	—
7	Nose and Throat	6	8
8	Speech	2	2
9	Lymphatic Glands	—	1
10	Heart	4	29
11	Lungs	1	32
12	Developmental		
	(a) Hernia	2	2
	(b) Other	58	328
13	Orthopædic:		
	(a) Posture	—	1
	(b) Feet	4	9
	(c) Other	5	14
14	Nervous System:		
	(a) Epilepsy	—	3
	(b) Other	—	1
15	Psychological:		
	(a) Development	1	3
	(b) Stability	12	12
16	Abdomen	—	—
17	Other	32	8

PART III — Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

N.B. This part of the return gives the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff.
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	2
Errors of refraction (including squint) ...	336
TOTAL	338
Number of pupils for whom spectacles were prescribed	171

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear	5
(b) for adenoids and chronic tonsillitis	221
(c) for other nose and throat conditions	—
Received other forms of treatment ...	85
TOTAL	311
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1971	3
(b) in previous years	19

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	347
(b) Pupils treated at school for postural defects	—
TOTAL	347

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm (a) Scalp	—
(b) Body	—
Scabies	17
Impetigo	8
Other Skin Diseases	747
TOTAL	772

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	100

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists ...	124

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	35
(b) Pupils who received convalescent treatment under School Health Service arrangements	5
(c) Pupils who received B.C.G. vaccination	851
(d) Other than (a), (b) and (c) above. Please specify:	
GENERAL MEDICAL	4
GENERAL SURGICAL	43
TOTAL (a)—(d)	938

PART IV.

TABLE H—HEIGHT

	Age	No. Examined 1971	1968 ft. ins.	1969 ft. ins.	1970 ft. ins.	1971 ft. ins.
BOYS						
Entrants	4	1	—	—	—	3 8½
	5	228	3 6	3 6	3 5	3 6
	6	337	3 7	3 7	3 7¾	3 7¼
	7	14	3 9¾	3 10	3 9½	3 9¾
Leavers	14	341	5 3	5 2½	5 2	5 2¾
Other Periodic Inspections: (Nursery Classes)	3	10	3 0	3 0	3 2½	3 1¼
	4	87	3 3	3 3	3 3	3 3½
	5	128	3 4½	3 5½	3 5	3 4¾
GIRLS						
Entrants	4	—	—	—	—	—
	5	221	3 5¾	3 6¼	3 5¾	3 6
	6	340	3 7¼	3 7	3 7	3 7
	7	32	3 9½	3 10½	3 9¾	3 10
Leavers	14	327	5 1¾	5 1½	5 2	5 3¾
Other Periodic Inspections: (Nursery Classes)	3	3	2 9½	—	—	3 1¼
	4	85	3 2½	3 2	3 3¼	3 3
	5	100	3 4½	3 4½	3 4½	3 4¼

TABLE J—WEIGHT

	Age	No. Examined 1971	1968 st. lb.	1969 st. lb.	1970 st. lb.	1971 st. lb.
BOYS						
Entrants	4	1	—	—	—	3 5
	5	228	2 12½	2 12¾	2 12¾	2 12¾
	6	337	3 0¾	3 0¼	3 1	3 0¾
	7	14	3 5¾	3 8¼	3 4¾	3 5½
Leavers	14	341	8 2	8 1¾	8 0¼	7 12¼
Other Periodic	3	10	2 5	2 2¾	2 8	2 4¼
Inspections:	4	87	2 7¾	2 7¼	2 8¾	2 8½
(Nursery Classes)	5	128	2 10¼	2 11½	2 11¼	2 10½
GIRLS						
Entrants	4	—	—	—	—	—
	5	221	2 11½	2 11¾	2 11½	2 11¾
	6	340	3 0¾	2 13¾	3 0¼	2 13¾
	7	32	3 3¾	3 6½	3 4¾	3 4
Leavers	14	327	8 2	7 10½	8 1	8 2¼
Other Periodic	3	3	2 3½	—	—	2 3½
Inspections	4	85	2 7¼	2 6¾	2 6¾	2 7
(Nursery Classes)	5	100	2 9¾	2 10	2 9½	2 10¾

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